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CONFIRMATION NO. 1077

SERIAL NUMBER 09/364,930	FILING DATE 07/30/1999 RULE	CLASS 704	GROUP ART UNIT 2654	ATTORNEY DOCKET NO. 10036/002001
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/094,688 07/30/1998

LS

** FOREIGN APPLICATIONS *****

None, LS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 08/27/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 9	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: LS				

ADDRESS

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TITLE

AUTOMATICALLY ASSIGNING MEDICAL CODES USING NATURAL LANGUAGE PROCESSING

FILING FEE RECEIVED 614	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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